

Consent for Couples HIV Testing

Please complete this section if you are getting an HIV test today.

You are about to have a test for the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS). This test is designed to detect antibodies to HIV-1. Antibodies are substances which the body produces to fight infections. Test results, in most cases, will be available within an hour.

Results are given only to you and your partner in person.

Test results

- A **non-reactive** or **negative** test result indicates that no HIV antibodies were found and you probably are not infected with HIV. If you have been infected within the past three months, it may be too soon to detect antibodies. You should speak with your counselor and consider testing again in the future.
- A **reactive** or **preliminarily positive** test result indicates that you are possibly infected with HIV. A secondary test will need to be done to confirm the results.
- An **invalid** test result is uncommon. Your counselor will offer to repeat the test.

How would you react to a positive HIV test result? _____

BE SURE TO ASK YOUR COUNSELOR ABOUT THE HIV WINDOW PERIOD. _____ (HIV Counselor Initials)

COUNSELOR HAS ASSESSED READINESS TO TEST FOR HIV. _____ (HIV Counselor Initials)

Important Information

The test is voluntary, meaning that you can change your mind at any point regarding testing. The information on these pages is required for funding and program purposes. In order to release your test results to someone else you must give written permission.

Howard Brown Health Center may use information gathered on this form for evaluation and research purposes. Research protocols are subject to review by an Institutional Review Board to ensure information is gathered in an ethical manner.

If your test is reactive...

- An additional conventional test will be administered
- Your counselor will assist you in finding referrals as needed
- You will be offered help telling your sex or needle-sharing partners that they may have been exposed to HIV.

Please verify the following:

☐ I understand the purpose, uses, and limitations of the HIV antibody test. I understand that I will undergo this service as a couple, receiving counseling, testing, and results together in the same room at the same time with my partner and a trained counselor. I hereby consent to allow my partner to know the results of my HIV test, and to receive test-counseling together. I understand that at any point prior to the results being provided, I can choose either to test for HIV individually (without my partner in the room), or not to test for HIV at all. I understand that the counselor may elect to separate my partner and I, and deliver test results individually or not at all. I understand that results will be given in person only, and that results are available during my CVCT session with my partner. I understand that Hepatitis C test results, if available, will also be delivered with my partner present, in the same fashion as HIV test results.

By printing and signing below, I understand and agree to the above terms and hereby consent to be tested. I further consent to have my partner in the room when the results of this test are given.

Name (printed): _____ Signature: _____ Date: _____